

CONFIDENTIAL APPLICATION FOR FREE AND REDUCED-PRICE MEALS AND FREE MILK (USAREUR Reg 352-1)		<input type="checkbox"/> Approved <input type="checkbox"/> Approved reduced <input type="checkbox"/> Denied	Date
Data Required by the Privacy Act of 1974			
<p>Authority: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970) and the Free and Reduced Price Meal Policy Statement of the Department of Defense.</p> <p>Principal Purpose(s): To determine eligibility for free or reduced price meals under the National School Lunch Program.</p> <p>Routine Uses: This form will be used solely for the principal purpose(s) described above. When there are additional students listed on the form who attend a different school than the one to which this form was submitted, copies of the approved request will be furnished the other schools, as appropriate, for proper inclusion of each child in the program.</p> <p>Mandatory or Voluntary Disclosure and Effect on Individual not providing Information: Voluntary, however, failure to complete this form properly may preclude consideration for eligibility in the free and reduced-price meal program.</p>			
Name of school application will be submitted to			
Application for free or reduced-price meals and free milk is for the following children:			
Name (Last, first, MI)	Name of school		Grade
Name (Last, first, MI) of parent or guardian		Rank	SSN
Duty address		Duty phone	Total number in family
Total family income before deductions: (Include wages of all working members, welfare payments, pension, social security, child support or alimony, housing allowance, and all other income).			
Annual income of male parent	Annual income of female parent	Total income of family	
\$ 	\$ 	\$ 	
<input type="checkbox"/> Foster child(ren) eligible for free or reduced-price meals (regardless of family income) (May be contacted for more information regarding foster child(ren) to determine eligibility)			
This application is being made in connection with the receipt of federal funds. School officials may for cause verify information in application. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal status.			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature of parent or guardian		Date	
Address (Street, city, zip code)		Telephone number	
FOR OFFICIAL USE ONLY			
<input type="checkbox"/> APPROVED FREE <input type="checkbox"/> APPROVED REDUCED <input type="checkbox"/> DENIED (Provide reason for denial)		Signature of official reviewing application	

AE FORM 352-1A-R, MAR 91

All other editions are obsolete.

NOTIFICATION OF ACTION TAKEN - DETACH AND RETURN TO PARENT OR GUARDIAN AFTER COMPLETION

To the parent or guardian of

Your application for free or reduced-price meals is: ☐ Approved for ☐ Free Lunch ☐ A reduced-price meal

☐ Disapproved for the following reasons:

Signature of approving official

DETACHED FROM AE FORM 352-1A-R, MAR 91

If you disagree with this decision, discuss it with the community commander or designated representative.